

Child Application for Arkansas Better Chance Program

PRIMARY CAREGIVER (PARENT-GUARDIAN) INFORMATION

Name:		
Date of Birth:	Home Phone:	Work Phone:
Current address:		
City:	State:	ZIP Code:
Employment Status (FT, PT):	Employer Name:	
# of work hrs per week:	Education Level (high school, college, etc.):	
City:	State:	ZIP Code:
If attending school, where:		# of semester hours:
Number in Family:	Number in Household:	Primary Language:
Annual Income From Work Sources or Unemployment:		

SECONDARY CAREGIVER (PARENT-GUARDIAN) INFORMATION

Name:		
Date of Birth:	Home Phone:	Work Phone:
Current address: <input type="checkbox"/> same as Primary Caregiver		
City:	State:	ZIP Code:
Employment Status (FT, PT):	Employer Name:	
# of work hrs per week:	Education Level (high school, college, etc.):	
City:	State:	ZIP Code:
If attending school, where:		# of semester hours:
Annual Income From Work Sources or Unemployment:		

CHILD INFORMATION

Name:		
Date of Birth:	Social Security Number:	
Gender:	Ethnicity:	Primary Language:
Has this child attended a state-funded pre-K (ABC) program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?	
Will this child be concurrently enrolled in an ABC center and HIPPY or PAT program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which HIPPY or PAT?	
Receiving any special education services?		

EMERGENCY CONTACT (OTHER THAN CAREGIVER)

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
I declare under the penalty of perjury and the rules and regulations of the Arkansas Better Chance program that the information supplied is true and correct. I understand I may be held criminally liable for any misrepresentations or false statements.		
Signature of Primary Caregiver:		Date: